

170328300203047

Claim No. 22303

Creditor Name: ZAYAS CINTRON, IVELISSE

(1) Full Name	
(2) Telephone Number	
(3) Employee Number	
(4) Agency and Dates of Service (if you have been employed by more than one agency, or agencies related to your claim, include dates of employment at each agency).	
(5) Personal Email Address	
(6) Social Security Number (last four digits).	
(7) Case File Number, if applicable	<i>(This includes any administrative and/or judicial complaint you filed in connection with the employee status/benefits requested in your Claim, other than the Title III case.)</i>
(8) Describe in detail the nature and basis of your Claim. Please add additional pages, if needed. Include the nature of the claim and detail the reasons why you believe you are entitled to such benefit/stipend/wage increase/incentive	

*** Attach any supporting documentation you may have related to your claim. ***



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FORMULARIO DE RESPUESTA DEL RECLAMANTE



Claim No. 20568

Creditor Name: ZAYAS CINTRON, IVELISSE

(1) Nombre Completo	Ivelisse Zayas Cintron
(2) Número de teléfono	787- 632- 8112
(3) Número de empleado	
(4) Agencia para la cual trabaja(ó) y fecha. Si usted fue empleado en más de una agencia, por favor identifique la agencia o agencias relacionadas a su reclamación y las fechas en que estuvo empleado por cada agencia.	<p>Departamento de Corrección y Rehabilitación</p> <p>comenzo trabajar 2003.</p> <p>Enfermera Generalista</p>
(5) Correo electrónico	ivelissczayas67@icloud.com / rguznegra@gmail.com
(6) Número de seguro social (últimos cuatro dígitos)	4560
(7) Número de caso administrativo o judicial, si aplica.	<p>Incluya número de caso administrativo y/o judicial, si alguno, que haya radicado y que esté directamente relacionado a los beneficios reclamados en la Evidencia de Reclamación (Proof of Claim)</p> <p>22303 - 17BK 03283 - LTS</p>
(8) Describa en detalle la naturaleza de su reclamación y los fundamentos por los cuales usted cree que tiene derecho al beneficio reclamado. Incluya páginas adicionales si es necesario.	<p>1. Romerazo - 1983 - aumento por Ley (Trienio)</p> <p>21744</p>

*** Attach any supporting documentation you may have related to your claim. ***



170328300201868

Exhibit A
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EMPLOYEE RESPONSE LETTER

Claim No. 20568

Creditor Name: ZAYAS CINTRON, IVELISSE

(1) Full Name	
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